

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

19 CV 5097

JOSE R. LACEN

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against- (see attached)

COMPLAINT

(Prisoner)

EMTE-CAPTAIN Aygenov (clinic captain)

EMTE-INTAKE C-76 captain duty officer.

Do you want a jury trial?

☒ Yes ☐ No

JANET RUNCIE RPA C-76-CLINIC.

ACHIN HUGGINS M.D. C-76 CLINIC.

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

S.D. OF N.Y.

2019 MAY 30 PM 12:30

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SDNY PRO SE OFFICE

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

JOSE R. LACEN

VS.

DEFENDANTS (5) IAN William Funsten,
NYC Law Department, General Litigation Division.

(6) DAVID ONUORA, PA. emte- E76 clinic.

(7) Sai Kolla M.D. west facility clinic

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Jose

R

LACEN

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

EMIL-C-76-210-18-00178 / AMKC C-95 241-18-04624

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

A. M. K. C. - Rikers Island

Current Place of Detention

18-18 Hazen St

Institutional Address

EAST ELMHURST NY 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

AYGEMONG Capt # UNKNOWN
 First Name Last Name Shield #
 Captain (CLINIC MED)
 Current Job Title (or other identifying information)
 10-10 HAZEN ST
 Current Work Address
 EAST ELMHURST N.Y. 11370
 County, City State Zip Code

Defendant 2:

TANET RUNCIE
 First Name Last Name Shield #
 RPA C-76 CLINIC
 Current Job Title (or other identifying information)
 10-10 HAZEN ST
 Current Work Address
 EAST ELMHURST N.Y. 11370
 County, City State Zip Code

Defendant 3:

ACTION HUGGINS
 First Name Last Name Shield #
 M D C-76 CLINIC
 Current Job Title (or other identifying information)
 10-10 HAZEN ST
 Current Work Address
 EAST ELMHURST N.Y. 11370
 County, City State Zip Code

Defendant 4:

JOHN DOE
 First Name Last Name Shield #
 INTAKE UNIT ENTER C-76
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant (5)

JAN William Forster,
NYC Law Department, General Litigation Div.
1-Center St
N.Y. N.Y. 10007

Defendant (6)

DAVID ONUORA P.A.
16-10 Hazen St
EAST ELMHURST N.Y. 11370

Defendant (7)

Sai Kolla M.D.
West Facility Clinic
Address unknown.

V. STATEMENT OF CLAIM

Place(s) of occurrence: EMTC - C-76Date(s) of occurrence: 3-1-18 TO PRESENT

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON 3-1-18 I WAS ADMITTED INTO EMTC C-76 TO A ONE YEAR SENTENCE. UPON ADMISSION, I EXPLAINED TO THE MEDICAL STAFF OF A SPINAL SURGERY THAT I HAD ON 9-15-17. AND CAN I BE AFFORDED A PERMIT FOR AN EXTRA MATTRESS. AT WHICH TIME I WAS TOLD THAT WAS A SICK CALL ISSUE.

ON 4-8-18 AND DATES AFTER THAT I REPORTED TO SICK CALL ON NUMEROUS OCCASSIONS, EXPRESSING PAIN TO MY LOWER BACK DUE TO THE INADEQUATE MATTRESS AND CAN I BE AFFORDED AN EXTRA MATTRESS OR A THICKER MATTRESS. TO NO AVAIL. I ASKED THE CLINIC CAPTAIN AUGERMANG # UNKNOWN OF THE POSSIBILITY OF THE THICKER POWER MATTRESS AND HE STATED, THAT AS LONG AS I AM IN THE CRIME HOUSING UNIT I WILL NOT BE AFFORDED ONE. BUT TO ASK THE DOCTOR FOR A NOTE FOR EXTRA BLANKETS.

FURTHERMORE I HAVE WAITED ALMOST 4 MONTHS TO BE SEEN BY A SPECIALIST AT ON 7-12-18 I REPORTED TO THE FACILITY AND SPOKE WITH

the specialist of my condition, and because
he hasn't review my medical records of
my operations he can't furnish a permit.

After providing the medical records to sick
I have not been allowed to see the specialist
on my condition and currently still experience
extreme pain and numbness

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

As of this filing, the injury I sustained
prior to my incarceration, has deteriorated
and has lead to constant pain and
discomfort

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I humbly request money damages of one million
dollars for any future earnings that will be
hard to earn, due to my constant pain and
suffering due to inadequate bedding and
deprivation of medical treatment

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5-22-19			
Dated		Plaintiff's Signature	
José	R	HAZEN	
First Name	Middle Initial	Last Name	
18-18	Hazen	ST	
Prison Address			
East		Elmhurst	N.Y. 11370
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: 5-22-19

LACEN, JOSE #241-18-04624
18-18 HAZEN ST
EAST GIMHUNST N.Y. 11370

RECEIVED
SDNY PRO SE OFFICE
2019 MAY 30 PM 12:30
S.D. OF N.Y.

NY
JUN 3 2019

United State District Court
Southern District of N.Y.
Pro SE Office
500 PENN ST Room 200
New York ny 10007

LEIGH MISH.

